

ATTORNEY OR PARTY WITHOUT ATTORNEY	NAME, ADDRESS AND TELEPHONE NO.	<i>FOR COURT USE ONLY</i>
BAR NO: ATTORNEY FOR:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P. O. Box 4988 San Rafael, CA 94913-4988		
In the Matter of the Petition of: [YOUR FULL NAME (in capitals)] On behalf of:[YOUR STEPCHILD'S FULL NAME (in capitals)] a Child		
PETITION TO DECLARE CHILD FREE FROM CUSTODY AND CONTROL OF EITHER OR BOTH PARENTS		CASE NUMBER :

1. Petitioner is an adult person and desires to adopt [Full name of your stepchild], a child who is the subject of this petition. Petitioner is the [husband/wife] of [Full name of your spouse], who is the [mother/father] of the child and who has custody of the child. Petitioner, [his/her] spouse and the child reside in Marin County, California.
2. The whereabouts of [Full name of the natural father/mother], the natural [father/mother] of the child, are unknown.
3. The child has been left by the natural [father/mother] in the custody and control of [Full name of your spouse], the [mother/father] of the child. The natural [father/mother] of the child has not communicated with the child or made any provisions for the support of the child since [Give the date as closely as you can determine], a period of over one year.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)